skin, and the same, dry, outside. This for a robust adult. For a delicate person or a child I use two thicknesses only of damp towel and two, dry, outside. A single towel of right size, folded lengthwise, one-half wrung tightly from ice-water, and folded crosswise, and applied as above directed. Or, a smaller towel may be folded two-ply, and wrung out and applied with another dry, two-ply, as a wrapper. Two sets of damp towels may be employed, one kept on ice while the other is getting hot thus the changes can be made more readily.

"As already remarked, the damp folds should be freshened as often as they become at all hot, whether this be in ten, twenty, or thirty minutes. At first, in severe cases, the changes will be as often as every eight or ten minutes, the intervals lengthening more and more as the inflammation subsides, and breathing consequently becomes deeper and easier. When the patient is able to breathe naturally, and the compress no longer becomes hot, and before it is felt to be an uncomfortable treatment, this local cooling should cease."

Fresh air is freely admitted and no drugs are given.

AGAR IN HABITUAL CONSTIPATION.—The *Journal of the American Medical Association* in a synopsis of an article in *Münchener med. Wochenschrift* says: "Schmidt believes that chronic constipation in certain cases is due to the unusually good digestion and utilization of the food, leaving so little residue to be passed along that the intestines are not incited to peristaltic action. The residue being so small, there is very little putrefaction, not enough to stimulate the intestines to peristalsis by the gases and other products evolved. The feces in chronic constipation of this kind are hard, solid lumps, with little odor, and show few indications of fermentation or putrefaction. Aside from the difficulty in defecation and the accessory neurasthenic general manifestations, such individuals rejoice in undisturbed good health, not disturbed by gas formation or other phenomena suggesting excessive putrefaction. Such patients can take, without much reaction, a purgative which would cause protracted diarrhœa in others. What is needed is something that will increase the bulk of the stools and make them softer, more watery and less compact. Schmidt thinks that this result may be obtained with agar-agar. It contains 0.6 per cent. cellulose, and when it swells up in water it gives up the water very slowly and is not modified by putrefaction. He uses the kind that comes in long strips, and flakes and cuts it up into small bits, like scales. It swells in the mouth and still more in the stomach, and appears *unmodified in the* stools. The stools become softer and more watery, and are usually passed much more readily. The agar does not irritate the *alimentary* canal in the least (as much as 25 gm. of the dry agar were taken daily in some of the tests without disturbance). When ingested in the form of a powder it is liable to cause diarrhœa and occasionally colic, probably from the more rapid and intense swelling of the agar. The stools become soft and copious, but the intestines have been so long accustomed to the constipation that they do not respond readily to stimuli. Consequently, although the stools have the normal aspect they are not passed spontaneously in every case. To remedy this he added a very small amount of a 25 per cent. aqueous extract of cascara to the agar—not enough to have a purgative action, but merely enough to supply the stimulation realized by the natural putrefaction in normal stools, but missing in these cases."

Dr. Herman A. Bear, in a paper on constipation in the *New York and Philadelphia Medical Journal,* recommends rubbing about 45 grains of powdered boric acid into the previously washed mucous membrane of the anus. When the mucous membrane cannot be seen at the anus the powder must be insufflated. In about three hours strong peristaltic movements are observed, resulting in three or four evacuations a day.

THE PERMEABILITY TO BACTERIA OF SURGEONS' RUBBER GLOVES.—The *Medical Record,* quoting from the *American Journal of the Medical Sciences,* says: "Herbert Fox and Edward A. Schumann as a result of their experiments conclude that rubber gloves are absolute barriers, against wound infection by the hand of the surgeon in so far that they are absolutely bacteria proof. Any infection which occurs must be introduced into the wound from some point not protected by a glove. In one of these experiments whole gloves were placed in bouillon about half-way to the wrist and bouillon poured into three to the same height. The gauntlet was turned over the edge of the flask and tightly tied; a breaker was inverted over the cotton stopper to avoid any risk of external infection. Unless the glove is greased at the surface which comes in contact with the cotton, the rubber will pull when the stopper is removed. Sterilization was accomplished in the Arnold apparatus, three days being devoted to this process. The bouillon within the gloves was then inoculated with *B. coli communis* and *Staphylococcus pyogenes albus* and allowed to grow forty-eight hours. Cultures were then made